USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	A	The state of the s					COURT CASE NU	MBER	
United States of America DEFENDANT WENDY L. BOYD							TYPE OF PROCESS HANDBILL		
SERVE S	NAME OF INDIVIDUAL, COMPLANY, DORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN WENDY L. BOYD								
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 27 Winding Way Lititz, PA 17543						FILE) = -	
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW						Number of process served with this Fo		7.5	
KML Law Group, P.C. 701 Market Suite 500 Philadelphia, PA 19106						Number of payies to be Dep. Clerk served in this case Check for service on U.S.A.			
SPECIAL INSTRUCTI All Telephone Number					IN EXPEDITING S		usiness and Altern	nate Addresses,	
Please post premi	ises by 6/11/	20 17.							
/Signature of Attorney other Originator requesting service behalf of: PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO						TELEPHONE NUMBER DATE 5/22/17 OT WRITE BELOW THIS LINE			
I acknowledge receipt in number of process indic (Sign only for USM 28)	nowledge receipt for the total Total Process District of District to Signature of E					horized USMS Deputy or Clerk D		Date 5/23/17	
I hereby certify and retu on the individual, com	um that I have	e personally se , etc., at the ad	erved , har	ve legal evidence above on the on t	of service, X have he individual, compa	executed as shown in my, corporation, etc., s	"Remarks", the pr	ocess described is inserted below.	
☐ I bereby certify an	d return that I am	unable to loca	te the individ	kıal, company, co	eperation, etc. named	above (Saa remarks i	helow)		
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode									
Address (complete only different than shown above) Date 11.28 Signsture of S. Marshalm Deputy								28 pm	
	.535					4			
inch 15	al Mileage Charge uding ondomors) 4 miles LT 8 D 3 G			otal Charges	Advance Deposits	Amount owed to U (Amount of Refun			
REMARKS:	5180	0	FRO	nt I	voe Vacan				
DRINT S CODIES.					VICATO		מסוסי בחודוס	VS MAY BE USED	

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/80